

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

Robert Miller for Congress

ADDRESS (number and street)

3065 Hawaii Ct



Check if different than previously reported. (ACC)

West Sacramento

CA

95691

2. FEC IDENTIFICATION NUMBER ▼

C

C00612416

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

☐ NEW (N)

OR

☒ AMENDED (A)

CA

12

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y
06 07 2016

in the State of

CA

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the State of

5. Covering Period

M M / D D / Y Y Y Y
04 01 2016

through

M M / D D / Y Y Y Y
05 18 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer John Fronefield

Signature of Treasurer John Fronefield

[Electronically Filed]

Date

M M / D D / Y Y Y Y
06 04 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

Robert Miller for Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	8		2	0	1	6

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	0.00	0.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	0.00	0.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	1426.80	5522.38
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	1426.80	5522.38
8. Cash on Hand at Close of Reporting Period (from Line 27).....	100.00	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	5622.38	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

PAGE 3 / 15

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Robert Miller for Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	8		2	0	1	6

I. RECEIPTS**COLUMN A**
Total This Period**COLUMN B**
Election Cycle-to-Date**11. CONTRIBUTIONS (other than loans) FROM:****(a) Individuals/Persons Other Than Political Committees****(i) Itemized (use Schedule A).....**

0.00

0.00

(ii) Unitemized.....

0.00

0.00

(iii) TOTAL of contributions from individuals ▶

0.00

0.00

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

0.00

0.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

0.00

0.00

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:**(a) Made or Guaranteed by the Candidate.....**

1526.80

5622.38

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

1526.80

5622.38

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)

0.00

0.00

15. OTHER RECEIPTS (Dividends, Interest, etc.)

0.00

0.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

1526.80

5622.38

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 15

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	1426.80	5522.38
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	1426.80	5522.38

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	1526.80
25. SUBTOTAL (add Line 23 and Line 24).....	1526.80
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	1426.80
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	100.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 5 OF 15

☐ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☒ 13a ☐ 13b ☐ 14 ☐ 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Robert Miller for Congress

Full Name (Last, First, Middle Initial)

Bob Miller

Mailing Address 2001 35th

City

San Francisco

State

CA

Zip Code

94116

FEC ID number of contributing
federal political committee.

C H6CA12183

Name of Employer

N/A

Occupation

N/A

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

4695.58

Date of Receipt

04 / **01** / **2016**

Transaction ID : SA13A.4109

Amount of Each Receipt this Period

600.00

☐ Memo Item
☐ Loan

Full Name (Last, First, Middle Initial)

Bob Miller

Mailing Address 2001 35th

City

San Francisco

State

CA

Zip Code

94116

FEC ID number of contributing
federal political committee.

C H6CA12183

Name of Employer

N/A

Occupation

N/A

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

4916.08

Date of Receipt

04 / **29** / **2016**

Transaction ID : SA13A.4115

Amount of Each Receipt this Period

220.50

☐ Memo Item
☐ Loan

Full Name (Last, First, Middle Initial)

Bob Miller

Mailing Address 2001 35th

City

San Francisco

State

CA

Zip Code

94116

FEC ID number of contributing
federal political committee.

C H6CA12183

Name of Employer

N/A

Occupation

N/A

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

5136.58

Date of Receipt

05 / **06** / **2016**

Transaction ID : SA13A.4110

Amount of Each Receipt this Period

220.50

☐ Memo Item
☐ Loan

SUBTOTAL of Receipts This Page (optional).....

1041.00

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 6 OF 15

(check only one)

<input type="checkbox"/> 11a 12	<input checked="" type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
------------------------------------	--	-------------------------------------	------------------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Robert Miller for Congress

Full Name (Last, First, Middle Initial)

A. Bob Miller

Mailing Address 2001 35th

City

San Francisco

State

CA

Zip Code

94116

FEC ID number of contributing
federal political committee.

C H6CA12183

Name of Employer

N/A

Occupation

N/A

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

5357.08

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		13		2016

Transaction ID : SA13A.4116

Amount of Each Receipt this Period

220.50

☐ Memo Item
☐ Loan

Full Name (Last, First, Middle Initial)

B. Bob Miller

Mailing Address 2001 35th

City

San Francisco

State

CA

Zip Code

94116

FEC ID number of contributing
federal political committee.

C H6CA12183

Name of Employer

N/A

Occupation

N/A

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

5622.38

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		18		2016

Transaction ID : SA13A.4122

Amount of Each Receipt this Period

265.30

☐ Memo Item
☐ Loan

Full Name (Last, First, Middle Initial)

C. Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

485.80

TOTAL This Period (last page this line number only).....

1526.80

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 7 OF 15

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Robert Miller for Congress

Full Name (Last, First, Middle Initial)

A. John Fronefield

Mailing Address 3065 Hawaii Ct

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		27		2016

City	State	Zip Code
West Sacramento	CA	95691

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement
Bookkeeping & reporting

001

☐ Memo Item

Candidate Name

Category/
Type

Transaction ID : SB17.4114

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

B. SFSU Golden Gate Xpress

Mailing Address 1600 Holloway Ave

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		29		2016

City	State	Zip Code
San Francisco	CA	94132

Amount of Each Disbursement this Period

220.50

Purpose of Disbursement
Print ad

004

☐ Memo Item

Candidate Name

Category/
Type

Transaction ID : SB17.4117

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

C. SFSU Golden Gate Xpress

Mailing Address 1600 Holloway Ave

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		06		2016

City	State	Zip Code
San Francisco	CA	94132

Amount of Each Disbursement this Period

220.50

Purpose of Disbursement
Print Ads

004

☐ Memo Item

Candidate Name

Category/
Type

Transaction ID : SB17.4112

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

941.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 8 OF 15

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Robert Miller for Congress

Full Name (Last, First, Middle Initial)

A. SFSU Golden Gate Xpress

Mailing Address 1600 Holloway Ave

City	State	Zip Code
San Francisco	CA	94132

Purpose of Disbursement
Print ad

004

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		13		2016

Amount of Each Disbursement this Period

220.50

☐ Memo Item

Transaction ID : SB17.4119

B. Spotlight Printing

Mailing Address 725 Bryant St

City	State	Zip Code
San Francisco	CA	94107

Purpose of Disbursement
Campaign signs

006

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		18		2016

Amount of Each Disbursement this Period

265.30

☐ Memo Item

Transaction ID : SB17.4124

C.

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....

485.80

TOTAL This Period (last page this line number only).....

1426.80

SCHEDULE C (FEC Form 3)
LOANS

PAGE 9 OF 15

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4102

Robert Miller for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

☐ Memo Item

Election: 2016

Bob Miller

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
2001 35th

City

State

ZIP Code

San Francisco

CA

94116

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

1711.58

0.00

1711.58

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y
02 19 / 2016M M / D D / Y Y Y Y
12/31/2016M M / D D / Y Y Y Y
12/31/2016M M / D D / Y Y Y Y
12/31/2016M M / D D / Y Y Y Y
12/31/2016

0.00 % (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

1711.58

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 10 OF 15

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4103

Robert Miller for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

☐ Memo Item

Election: 2016

Bob Miller

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
2001 35th

City

State

ZIP Code

San Francisco

CA

94116

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

2384.00

0.00

2384.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y
02 19 / 2016M M / D D / Y Y Y Y
12/31/16M M / D D / Y Y Y Y
12/31/16M M / D D / Y Y Y Y
12/31/16M M / D D / Y Y Y Y
12/31/16

0.00 % (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

2384.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 11 OF 15

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4109

Robert Miller for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

☐ Memo Item

Election: 2016

Bob Miller

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
2001 35th

City

State

ZIP Code

San Francisco

CA

94116

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

600.00

0.00

600.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M / D / Y
04 / 01 / 2016M / D / Y
09 / 01 / 0011M / D / Y
09 / 01 / 0011M / D / Y
09 / 01 / 0011M / D / Y
09 / 01 / 0011M / D / Y
09 / 01 / 0011M / D / Y
09 / 01 / 0011M / D / Y
09 / 01 / 0011M / D / Y
09 / 01 / 0011M / D / Y
09 / 01 / 0011M / D / Y
09 / 01 / 0011M / D / Y
09 / 01 / 0011

0.00 % (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

600.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 12 OF 15

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4115

Robert Miller for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

☐ Memo Item

Bob Miller

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
2001 35th

City

State

ZIP Code

San Francisco

CA

94116

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

220.50

0.00

220.50

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y
04 / 29 / 2016M M / D D / Y Y Y Y
12/31/2016

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

220.50

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 13 OF 15

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4110

Robert Miller for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

☐ Memo Item

Bob Miller

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
2001 35th

City

State

ZIP Code

San Francisco

CA

94116

Original Amount of Loan

220.50

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

220.50

TERMS

Date Incurred

M M / D D / Y Y Y Y
05 / 06 / 2016

Date Due

M M / D D / Y Y Y Y
12/31/2016

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

220.50

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 14 OF 15

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4116

Robert Miller for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

☐ Memo Item

Bob Miller

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
2001 35th

City

State

ZIP Code

San Francisco

CA

94116

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

220.50

0.00

220.50

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y
05 / 13 / 2016M M / D D / Y Y Y Y
12/31/2016

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

220.50

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 15 OF 15

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4122

Robert Miller for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

☐ Memo Item

Bob Miller

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
2001 35th

City

State

ZIP Code

San Francisco

CA

94116

Original Amount of Loan

265.30

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

265.30

TERMS

Date Incurred

M M / D D / Y Y Y Y
05 / 18 / 2016

Date Due

M M / D D / Y Y Y Y
/ / 12/31/16

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

265.30

TOTALS This Period (last page in this line only)..... ►

5622.38

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.